IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choice(s) below.

Your Rights

You have the right to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and Toyota Motor Sales U.S.A., Inc. (TMS) franchised Toyota and Lexus dealerships. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

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Restrict Information Sharing With Companies We Own Or Control (Affiliates): Unless you say "No," we may share personal and financial information about you with our affiliated companies.
NO, please do not share personal and financial information with your affiliated companies.
Restrict Information Sharing With TMS Franchised Toyota and Lexus Dealerships: Unless you say "No," we may share personal and financial information about you with TMS franchised Toyota and Lexus dealerships.
NO, please do not share personal and financial information with TMS franchised Toyota and Lexus dealerships.
Time Sensitive Reply
You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. You may revoke your privacy choice(s) with respect to one or more of your accounts by writing to us at Toyota Financial Services, P.O. Box 15012, Chandler, AZ 85244-5012. If your account is a joint account, an instruction to revoke your privacy choice(s) must be in writing and signed by all account holders who made the original choice(s).
If we do not hear from you, we may share some of your information with our affiliated companies and TMS franchised Toyota and Lexus dealerships.
Name:
Account Number(s):
Signature:
To exercise your choice, do one of the following: (1) Call this toll-free number (888) 717-9248; or (2) Fill out, sign and send back this form to us using the postage pre-paid envelope provided (you may want to

FIRST NAME MIDDLE INITIAL LAST NAME STREET ADDRESS STREET ADDRESS (WHERE APPLICABLE) CITY, STATE & ZIP CODE

make a copy for your records).